

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		2				
10		1				
11		1				
12		1				
13		1				
14		1				
15	1					
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		2				
24		1				
25		1				
26		1				
27		1				
28		1				
29	1					
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		2				
37		1				
38		1				
39		1				
40		1				
41		1				
42	1					
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		2				
50		1				
TOTAL IND.	4					
TOTAL DEP.	54					
TOTAL CLAIMS	58					

  

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		1				
52		1				
53		1				
54		1				
55		1				
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

0106A

ROBERT JL